

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2011
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155247 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/28/2011 | |
| NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8549 S MADISON AVE INDIANAPOLIS, IN 46227 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | <p>INITIAL COMMENTS</p> <p>An investigation of Complaint Number IN00101567 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Complaint Number: IN00101567 Unsubstantiated, Due to Lack of Evidence.</p> <p>Survey Date: 12/28/11</p> <p>Facility Number: 000151 Provider Number: 155247 AIM Number: 100284060</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>Census: 113</p> <p>Manorcare Health Services was found in compliance with 42 CFR Subpart 483 Subpart B; 410 IAC 16.2; and National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), 2000 Edition, Chapter 19, Existing Health Care Occupancies for the original building and Chapter 18, New Health Care Occupancies for the 2007 addition in regard to the investigation of Complaint Number IN00101567.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/29/11.</p> | | | F 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.